Carewatch Care Services Limited

Carewatch (Whitebeck Court)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 19 and 20 October 2016.

Carewatch Whitebeck Court is a domiciliary service based in one block of flats – Whitebeck Court, which contains 91 individual flats. The block is owned and managed by a housing association and is specifically designed for people who are over 60 and have been identified as requiring support now or potentially in the future. Carewatch currently provide daily support for 23 people. They also respond to emergency pendant calls from any of the 91 flats. The service did not support any other people who did not live within the Whitebeck Court flats.

The service had a registered manager who had been in post since December 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service also had a deputy manager in post. They had recently been promoted and had been a team leader at Whitebeck Court for five years. There were at least two staff members on duty at all times, including throughout the night. Additional staff were also on duty during the busier morning and tea time periods. Each shift had a team leader on duty. An on call system was also in place that meant a manager was available for staff to contact at any time.

All the people we spoke with, and their relatives, said they felt safe supported by staff from Carewatch Whitebeck Court. Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they suspected any abuse had occurred. Staff said the registered manager and deputy manager would listen to any concerns raised.

Where Carewatch had responsibility to administer people's medicines they were administered safely. New Medication Administration Records (MAR) were had been introduced which included a clear body map to show where any creams needed to be applied. However there was some confusion where staff should sign to state they had applied the prescriber creams; on the MAR or on the body map chart. The registered manager told us they would provide clear direction for staff so the recording of creams was consistent.

The service was working within the principles of the Mental Capacity Act (2005) (MCA). The local authority social workers assessed people's needs and gained consent or completed best interest decisions for the support required before Carewatch were engaged to provide the support. People and their families, where appropriate, were involved in agreeing the support to be provided by the service. People who had capacity signed their care plans. We saw new care plans were being introduced which included a clearer, more detailed section for assessing people's capacity to consent to their care and support.

Care plans and risk assessments were in place for each person who used the service. These gave guidance to staff on the support people required and how to mitigate any risks identified. New care plans and safe working risk assessment were being introduced by the service which prompted for more detailed information to be included. Care plans were reviewed annually.

A robust system of recruiting and training staff was in place. Staff completed four days of mandatory training courses and undertook three shifts shadowing experienced team leaders before being placed on the rota. Training was refreshed on an annual basis.

Spot checks were completed every three months where the registered manager or deputy manager observed staff during a support visit. Formal supervisions were held every six months. These were slightly behind schedule, with the new deputy manager completing additional spot checks to get up to date. Staff told us they felt well supported by the registered manager and deputy manager and they were always available by telephone if staff needed guidance or had a concern. This meant the staff had the skills, knowledge and support to provide effective care.

People who used the service and their relatives were complimentary about the staff at Carewatch Whitebeck Court. Staff had a clear understanding of people's needs. Staff could explain how they delivered person centred care and respected people's dignity and privacy. Staff supported people with their nutritional and health needs where applicable.

A system of monthly quality audits was in place for daily logs, medicines, people's finances. Any issues and actions taken were recorded. However the audits had not been completed since June 2016. The registered manager was aware of this and said it had been due to service having to recruit a new deputy manager. They were now in place and so the audits would restart. We will check this at our next inspection.

Carewatch also had a central quality team who completed annual audits of the service. We saw the audit compliance had improved significantly between an audit in April 2016 and a return visit in June 2016.

We had been told by the local authority commissioner and a social worker that the registered manager had not always been available when they visited or telephoned. We discussed this with the registered manager who acknowledged this had been an issue when there had not been a deputy manager in post. The social worker told us this had improved and they were now able to contact the registered manager when they needed to.

There was a system in place to record, investigate and learn from complaints. Additional monitoring systems had been introduced where one person who had made a series of complaints.
Incidents and accidents were recorded and reviewed to reduce the likelihood of the incident reoccurring.

The service was working with the local authority and housing association to support people moving to a re-ablement flat in the block. This was used for people who needed support for a short period of time following discharge from hospital. The service was flexible to meet the different needs of the people using the re-ablement flat.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service and their relatives told us they felt safe with the staff that supported them. Risk assessments were in place to guide staff on how to mitigate the identified risks.

A robust recruitment system was in place to ensure suitable staff were employed. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Where the service had responsibility for administering medicines they were administered safely. Audits of medicine administering records were completed; however they had not been completed since June 2016.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Staff had received the induction and training they required to carry out their roles effectively. Regular spot checks of staff were completed. Staff had formal supervisions and an annual appraisal.

Where it was part of the support provided by the service, we saw that people's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring.

Staff we spoke with showed that they knew the people they were supporting well and had a clear understanding of privacy, dignity and respect.

People's wishes, where they had been expressed, for the support they wanted at the end of their life was recorded. Staff told us the service was flexible to meet people's needs at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they received support and care plans and were written in a person centred way with the involvement of people and their relatives. New care plans were being introduced which would contain more information about people's likes, dislikes and needs.

Care plans were reviewed annually. We saw the service was behind in completing some reviews.

A complaints procedure was in place. People told us that issues were dealt with informally by the service. Formal complaints were fully documented.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

People who used the service, relatives and staff told us that the registered manager and deputy manager were approachable and would act on any concerns that they raised. Staff said they enjoyed working in the service.

Quality assurance systems were in place to check the relevant paperwork was in place and to gather the views of people who used the service and their relatives. Action plans were used to improve the service.

Carewatch (Whitebeck Court)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 October 2016 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.
We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board.

During the inspection we observed interactions between staff and people who used the service. We spoke with three people, one relative, the registered manager, the deputy manager and five care staff. We looked at records relating to the service, including three care records, three staff recruitment files, daily record notes, medication administration records (MAR), audits completed to monitor the quality of the service, accidents and incidents and policies and procedures. Following our inspection we spoke with a local authority social worker.

The previous inspection took place in November 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with said they felt safe supported by the Carewatch staff. One said, "I feel safe living in the block (of flats) and it's nice to see the staff; they're like family." Another person told us, "They cover all day and night; I like that."

The training records we reviewed showed staff had received training in safeguarding vulnerable adults. This was confirmed by the staff we spoke with. Staff were clearly able to describe different forms of abuse and explain the correct action they would take if they witnessed or suspected any abuse taking place. Two staff told us they had raised concerns they had with the registered manager and these had been acted upon. We saw a safeguarding file was kept by the registered manager which recorded the investigations, outcomes and action taken following a safeguarding concern being raised. This should help ensure that the people who used the service were protected from abuse.

We looked at the recruitment files for two members of staff, one of whom had recently been employed by the service. We found they contained application forms with full employment histories, interview notes and scores of the answers given, two references from previous employers and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. We also saw the DBS certificates were re-validated every three years. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

We saw that the service's disciplinary process had been followed and appropriate action taken, when an issue about a staff members performance had been identified. This meant the registered manager had investigated the concerns raised about staff to reduce the likelihood of the issue re-occurring.

The service recorded all accidents and incidents and we saw there was a process in place to learn from them and improve practice. The registered manager or deputy manager reviewed each incident and recorded the actions taken to minimise the risk of the incident re-occurring.

We saw there were sufficient staff on duty throughout the day to meet people's needs. Two staff were always present in the building, with additional staff being on duty for busy periods in the morning and tea time. Two people told us staff sometimes had to rush their visits to go to their next call. However people also told us that staff responded to their emergency pendants in a timely manner and informed them if they were with another person and needed to complete their tasks before being able to attend to them. We were told the registered manager and deputy manager would respond to any pendant calls when they were on duty if the staff were already supporting someone.

We saw that some people required two staff to support them. This meant when only two staff were on duty the response to the emergency pendant may be delayed as both staff were engaged with supporting one person. The registered manager was aware of this; however this had not presented an issue for the staff so far.

One relative we spoke with said that they had raised concerns with the registered manager that two new, inexperienced staff had worked together supporting their loved one. The registered manager had reviewed the rotas to ensure that in future when two staff were required for a visit at least one of them was an experienced member of staff.

The service did not use agency staff. Any annual leave and sickness was covered with overtime or by the service's own 'bank' staff. The deputy manager or registered manager also covered shifts if required. This was confirmed by the people we spoke with who told us that they had regular staff supporting them. We were told the service did not miss any calls. If staff were running late for any reason they would phone people to let them know. People also said they would use their emergency pendant or phone the office if staff had not arrived at the agreed time. An on call system was in place if staff needed advice or support outside of office hours.

The service had recently installed a call monitoring system, whereby staff logged into the system via a fob to show they had arrived and log out when they were leaving. The system was still bedding in at the time of our inspection. The registered manager told us the system would enable them to monitor the timing of calls and ensure staff stayed for the agreed time at each call. However one relative we spoke with did not think the system was required as staff were always present in the building. When staff responded to an emergency pendant call from a person who did not have regular support they would not be able to log in to the call as they would not have the required fob in their flat. This would mean the data produced may not be accurate.

We saw the care files included information about the risks the people who used the service may experience, for example infection control, managing finances and falls. This included guidance for staff and any control measures in place to manage the risks. Where appropriate a manual handling risk assessment was completed. This contained clear guidance for staff to follow in order to transfer or support people to mobilise or turn safely. We saw an environmental risk assessment was completed for each flat, including access to the flat, cleaning products and any electrical appliances in the flat. The risk assessments were reviewed annually and updated when people's needs changed.

We also saw a new management plan document had been introduced for people at risk of developing pressure area sores. The service had also recently introduced a checklist for staff to follow for one person who required bed rails to be in place. The bed rails had been assessed as required by the district nurses.

We looked at how medicines were managed by the service. We saw staff had received annual training in the administration of medicines. Staff were observed administering medicines during their induction and during spot check visits (if the person they were supporting at that time required medicines to be administered by staff) carried out by the registered manager or deputy manager. Each person's care plan clearly identified what support the person required with their medicines. Some people self-medicated and staff asked them if they had taken them or not during their visits.

Where Carewatch staff administered medicines we saw a Medicine Administration Record (MAR) was in place. We saw these had recently been changed by the service and now included a clear body map to show where any prescribed creams needed to be applied. However there was space for staff to sign to say they had applied the prescribed creams on the body map chart and the MAR. This meant there had been some confusion with some staff signing the body map chart and some staff signing the MAR chart. The daily logs also stated the creams had been applied as prescribed. We raised this with the registered manager who agreed clear direction for staff was required so they knew where they should sign to show the creams had been applied. We will check this at our next inspection.

We also saw that there were missing signatures on one MAR chart. We were able to confirm the medicines had been administered. We saw the registered manager completed audits of the MAR sheets. Any issues such as missing signatures were noted and the action taken recorded. A log of issues for each staff was kept so the registered manager could observe any pattern for an individual member of staff. However we noted the audits had not been completed since June 2016. We were told this was because the previous deputy manager had resigned and the new deputy manager had only recently taken up their post. This had meant the registered manager had not been able to complete all the scheduled audits. They told us that now the new deputy manager was in place they would be able to catch up on the audits. We will check this at our next inspection.

This meant medicines were safely managed by the service and there was a system in place to monitor and audit medicines administered by Carewatch staff, although this was not up to date at the time of our inspection.

We saw Personal Protective Equipment (PPE) such as gloves and aprons were available for staff to use.

We were told the Housing Association who owned and managed the block of flats completed personal emergency evacuation plans (PEEP) for all the people living in the block, not just those supported by Carewatch. The service had a business continuity plan in place in case of an emergency, such as the loss of the computer system or a utility failure. This detailed the actions the registered manager and staff needed to take and a list of relevant contact telephone numbers. This meant the service would be able to continue in the event of an emergency.

Good

Is the service effective?

Our findings

All the people we spoke with said the staff knew them well and had the skills to support them effectively. The registered manager, staff and people told us staff were introduced to the people they would be supporting. One person told us, "New staff are introduced to me first so they know what they will be doing." Another person said, "I have the same group staff so we can get to know each other."

We looked at the staff training records and found that all staff had received training in essential areas such as moving and handling, dementia awareness, nutrition and infection control. Training was refreshed annually and the Carewatch computer system notified the registered manager when this was due. We saw the training was up to date. We were told, confirmed by the staff we spoke with, additional training was provided for any new equipment, for example a new standing frame, people needed. This was given by the organisation providing the equipment, for example the district nurse team. We saw that this training had not been recorded and raised this with the registered manager. They agreed that this training and any refresher training provided on the equipment people used would be recorded in the future. We will check on this at our next inspection.

New staff completed an induction programme when they joined the service. This consisted of four days of training with the central Carewatch training team. This training included medicines, dementia awareness, personal care, safeguarding and moving and handling. Staff then shadowed an experienced team leader for three days, meeting the people they were going to support, reading people's care plans and learning the routines of each visit. New staff were observed providing support during these days. This was recorded in a checklist for each day, with the team leader signing to state if the new staff member was competent in each aspect of support, for example administering medicines, moving and handling, maintaining privacy and dignity, communication and record keeping. Staff could not work alone until they had been assessed as being competent.

New staff were enrolled onto the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. When staff had completed their induction they were enrolled on to a nationally recognised diploma in health and social care.

This meant the staff had the skills to meet the needs of the people they supported.

We saw the registered manager and deputy manager completed 'spot checks' with staff. They went unannounced to observe the staff member when they were completing a support visit. This was confirmed by the staff we spoke with. The spot checks were recorded and were an opportunity to discuss any issues with the staff member. Spot checks were completed every three months for each staff member. We noted spot checks for one staff member had been on visits where administering medicines and moving and handling were not required. We raised this with the registered manager who said they would ensure at least one spot per year check observed these areas for each member of staff. We will check this at our next inspection.

We saw staff also had supervisions with the registered manager or deputy manager. These were planned to be completed every six months. The registered manager also conducted an annual appraisal with staff. These were recorded and allowed staff to discuss any areas of concern and to identify any additional training they required.

We saw 80% of spot checks had been completed within the three month timescale and 90% of staff supervisions were up to date. The registered manager was aware of this and we were told this was due to the deputy manager post being vacant until recently. The new deputy manager had been completing additional spot checks and supervisions since their appointment.

All staff told us they felt well supported by the team leaders, deputy manager and registered manager. One said, "There is always someone available if I need them, including at weekends."

We saw daily log sheets were kept for each visit. These detailed the support that had been provided during the visit. A communication book was also used so staff could relay information to each other. A handover took place when staff came on shift to update them with any changes in people's health and well-being. Staff told us they were able to read the care plan for people who were new to the service before they supported them. This meant staff had the support and information to provide effective support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The people supported by the service had been assessed as requiring support by the local authority social services. The social services either gained the consent of people for the support or completed the required best interest decision for support to be provided before Carewatch Whitebeck Court were engaged to provide the support. This was noted in people's care plans. We saw where people had capacity they had signed their care plans and consent for support with their medicines where appropriate. If the service felt a person's capacity to make decisions was changing they would refer them to the local authority social services for a formal capacity assessment. Staff received training on the MCA as part of their induction and annual refresher training.

We were shown new care planning documents being introduced by the service. These included a clear section for an initial assessment of a person's capacity to consent to their care and support. If the person was assessed as not being able to understand and therefore consent to their assessment and care plan a formal referral would then be made to the local authority social services. The new care plan was in place for people who had recently started to use the service and would be implemented for existing people at the next annual review of their care.

This meant the service was working within the principles of the MCA.

The service did not routinely support people to attend medical appointments. Staff monitored people's health and well-being when they provided support, for example checking people's skin integrity when providing personal care. Staff would support people to call their GP, or call on their behalf, if they were unwell. Staff would respond to a medical emergency for anyone living in the flats and stay with them until emergency services arrived if required. A diary was used to record any appointments people had. The service

would support people to book transport to medical appointments. If required staff would change the time of their visits to ensure the person was ready to go to their appointment.

Care plans identified if people required support with preparing their meals. Details of any dietary requirements, for example if the person was a diabetic and needed support to maintain a suitable diet or needed soft food to aid swallowing. We observed staff asking people what they would like preparing for their meal. One person told us they wrote a shopping list of what food they wanted and the staff would buy it for them. Staff put the date of opening on food items so their colleagues would know how long it had been open for before using it for another meal. This meant people's health and nutritional needs were met by the service.

The block of flats were owned and maintained by a housing association. The service had a close working relationship with the on-site housing association staff and reported any maintenance issues to them on people's behalf. The housing association staff would also inform Carewatch if they felt people who were not currently receiving any support from Carewatch needed some assistance. Carewatch could then work with the person and social services to assess any support that was required.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us the staff were kind and caring. One person said, "The staff are very friendly; they will do extra things for me if I ask them to" and another told us, "The staff ask about my family; it's nice that they take an interest."

All the staff we spoke with knew the people they were supporting, and their needs, well. One said, "I can read people's care plans when they first join the service so I know what I need to do." We observed positive interactions between staff and the people who used the service.

Staff were able to describe how they gave people choice and maintained their privacy and dignity when providing support. One said, "I always let people know what I'm going to do beforehand."

People told us staff encouraged them to maintain their independence. One person said, "Staff let me do things for myself and help when I need them to." A member of staff told us, "I encourage people to have a go at doing things themselves so they keep their skills."

Care plans included details of people's preferences; however for some people these were very brief. We saw the new care plans being introduced had sections for information about the person's life history, likes and dislikes and 'what makes me feel safe'. People who had recently joined the service had the new paperwork in place. They would be implemented for existing people at their next review. We saw care plans detailed how staff would gain access to people's property. For some people they were to knock on the door and wait to be let in and for others let themselves in and announce their presence so the person was aware they had arrived. This should help ensure that people's privacy and dignity were respected.

A copy of people's care plans was also kept in each person's flat. This meant people could check what was written in the files. A file was also kept securely at the service's office, along with other records relating to the running of the service, for example staff records. This protected the confidentiality of both the people who used the service and the staff.

We saw some people had made known their wishes for the support they wanted at the end of their life and in the event of their death. A member of staff explained how they had supported one person at the end of their life. Additional information about the support the person required was available and the number of visits made by staff had been increased. This showed that the service respected people's wishes at the end of their lives and was flexible with the support provided at this time.

Good

Is the service responsive?

Our findings

The care plans we reviewed were written in a person centred way. The care plans included clear guidelines for the tasks to be completed at each visit. We saw people had been involved in their care plans where possible and had signed them to state that they agreed with the support being offered. The registered manager or deputy manager completed the initial assessment, using the local authority assessment and talking with the person. This was then added to as the staff team got to know the person when they had moved into the block of flats and the support had started. An initial review was then held to ensure the support was meeting the person's needs and the care plan was updated accordingly.

We saw annual reviews were then held. The Carewatch computer system prompted when reviews were due to be held. We saw that 81% of care plans had been reviewed on time. The registered and deputy managers were aware of this and were arranging to complete all outstanding reviews. We were told the delay had been because the new deputy manager had only recently been appointed, following a period where the service had not had a deputy manager in post.

Staff said they informed the registered manager if they felt that people's support needs had changed. The service was able to provide additional support on a temporary basis to monitor if the change in the support required was permanent or not. The local authority social worker would be contacted to review the person's needs and agree any long term additional support people required.

One care plan we looked at had not been updated when the number of visits per day had been changed. We saw that the care plan held on the computer system and the number of visits scheduled on the rota were correct, however the paper copy had not been updated.

We saw new care planning documents had been introduced for people who had recently joined the service and these would be implemented for all existing people at their next review. The new care plans prompted for more information to be included in them; for example support required with medicines, meals and mobility needs. There was also a new safe working risk assessment which also prompted for more detail to be included about different risks for each person. This should prompt more information to be made available for staff in the care plans.

The service had a complaints policy in place. People we spoke with said they would contact the registered manager or deputy manager if they had a problem. Most people had said that they had not needed to raise any concerns. The relative we spoke with told us of some concerns they had raised with the service; for example staff not completing all the monitoring charts needed for their loved ones' care. They had also asked for a rota, so they were aware of which staff were going to be supporting their loved one each day. They were hopeful that the new deputy manager would be able to support the registered manager and resolve these 'minor issues' so they didn't lead to any larger problems. We also saw that the relative had formally complimented the service on occasion as well.

We saw that formal complaints made to the service had been logged and investigated by the registered

manager. A checklist was in place to ensure all actions were completed. The outcomes of the investigation and the action taken to address any substantiated concerns were noted.

The local authority commissioner had told us of a series of complaints made by one person who once used the service. We saw these had been documented and investigated. Due to the ongoing issues raised by this person a log book was kept of all staff interactions with them. This included the time the emergency pendant had been activated and the time staff had responded to it. We saw the service had spoken with staff where the concerns raised had been substantiated and those occasions when they had not been substantiated.

This meant the service acted on issues and complaints raised with them; however there were ongoing issues with some service users.

The housing association had developed a re-ablement flat for people who were being discharged from hospital to move into for a short period so they could have support before going back to their own home. The Carewatch Whitebeck Court service provided the support for people using this flat. The support people required was agreed with the local authority social services. This shows the service was flexible and responsive to people's needs and provided support for people to be able to regain their independence. We were told a second flat was also being considered by the housing association.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The service had recently appointed a new deputy manager, who had been working at the service for over five years as a team leader. The previous deputy manager had left the service in August 2016 and had been in post for five months.

All the staff we spoke with said they enjoyed working at the service. They said the registered manager and deputy manager were approachable and always available, either on site during the week or via telephone in the evenings and weekends. We were told, confirmed by staff, that the registered manager held informal meetings with staff as required. This was because the staff team was only small. We saw two staff meetings had been arranged; however they had not taken place because staff had needed to be out on calls supporting people. All staff said they felt well supported by the registered manager and deputy manager.

The local authority commissioning authority told us they had concerns about the availability of the registered manager. The registered manager acknowledged they had not always been available when the commissioning officer had visited, including on one occasion when they had been at a managers meeting at another Carewatch office. The local authority social worker we spoke with said they had initially had problems contacting the registered manager about a person who was due to start using the service. However they said this has now improved and the registered manager has recently been available when they have tried to contact them.

The relative we spoke with also told us the registered manager had not always been available at the service and they had not had a deputy manager for a period of time. The relative thought this had improved since the appointment of the new deputy manager. We noted the registered manager tended to arrive at the service later in the morning to avoid travel congestion and work later; however the deputy manager tended to be at work earlier in the morning. The registered manager told us they would alter their working hours if an early appointment had been made that they needed to attend. This meant, with the deputy in place, the service had management support available if staff required it throughout the week.

All the people who used the service knew the registered manager and deputy manager and said they felt able to ring them if they had a concern. Two people told us the registered manager sometimes popped into see them; however they said that the registered manager was very busy so this was not too often.

A system of audits was in place for daily logs, medicines and people's finances where staff handling money on their behalf; for example to buy shopping. Any issues found during the audits were documented and the action taken noted. A file was kept for each person who used the service and for each staff member of any issues found in the audits so patterns could be seen.

We saw the last audits had been completed in June 2016. We were told this was because the registered manager had not been able to complete them when there had not been a deputy manager in post. The registered manager was aware they were behind in completing the audits and planned to complete them

now the new deputy manager was in post. We will check this at our next inspection.

The Carewatch computer system highlighted when care plans needed to be reviewed and when staff supervisions and observations were due to be completed. As noted previously these were slightly behind schedule, with the deputy manager and registered manager in the process of completing all outstanding reviews, supervisions and observations.

We saw Carewatch had an internal Quality Audit department who undertook comprehensive audits of the service every 12 months. The audit looked at safeguarding, missed visits, complaints, medicines, daily logs, finance, health and safety, staff training and staff personnel files. We saw the audit in April 2016 had resulted in a score of 52% compliance. An action plan had been produced. We saw this had been followed by a re-audit in June 2016 when the compliance had been rated at 82%.

Surveys were sent out to a selection of six people who used the service and staff every three months by the central Quality Audit department. The results were collated and emailed to the registered manager. The last survey we viewed had been in July 2016. A comment made on one form about additional services had resulted in an action being identified. This had been signed as completed by the registered manager.

We saw telephone monitoring was also completed by the registered manager every six months. This asked a series of questions about how people felt about the service they received from Carewatch Whitebeck Court staff. The two completed monitoring sheets we saw gave positive feedback.

This showed the service had quality assurance systems in place, external scrutiny from the central quality audit team and sought the views of people who used the service and staff. Issues were identified and an action plan produced. This should help drive improvements in the service.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly. We also looked at the services' policies and procedures and saw they were current and were being followed by staff.